RAJYA SABHA

Wednesday, the 18th March, 1987/ 27 *Phalguna,* 1908 *(Saka.)*

The House met at eleven of i the clock, JWr. Chairman in the Chair.

OBITUARY REFERENCE

MR. CHAIRMAN; Honourable Members, I refer with sorrow to the passing away of S'hri Bairagi Dwibedy, a former Member of this House from the State of Orissa.

Shri Bairagi Dwibedy was born at Deogarh in Sambalpur District of Orissa in December, 1920 and also had his education at Deogarh. An agriculturist by vocation, Shri Dwibedy was an active social and political worker. He was actively engage^ in the co-operative movement. During "his membership of this House from April, 1960 to April, 1966, he took keen interest in the debates.

We deeply mourn the passing away of Shri Bairagi Dwibedy.

I request honourable Member to rise in their places and observe a minute's silence as a mark of respect to the memory of the departed.

(Honourably Members then stood in silence for one minute)

MR. CHAIRMAN: Secretary-Gene, ral will convey to the members of the bereaved family our sense of pro-frund sorrow and deep sympathy.

ORAL ANSWERS TO QUESTIONS

•281. *[The questiomr (Shri Subas Mohanty) was absent. For answer,* vide col. 27-33 infra]. Combination of DiarrhoeaTl Drugs

282. DR. H. P. SHARMA: Will Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(al what are the names of drug-combinations allowed for marketing in India for the treatment of diar-rhoea:

(b) whether it is a fact that very costly medicines are used for the Ire atment of this disease, when safer and cheaper treatments are otherwise available;

(c) if so, what are the names of le ading brands sold for the treatment of this disease, indicating the average-cost of treatment per case; and

(d) what steps are being taken by Government to ensure cheap and safer treatment for this common disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMAR1 SAROJ KHAPARDE): (a) and (c) A statement indicating the names of leading brands of combination ot drugs marketed in-India for the treatment of diarrhoea along with the approximate cost of treatment for these drugs is laid on the Table of the House. [See Appendix CXLI, Annex ure No. 107].

(b) Doctors prescribe antidiarrhoe-al drugs based on the type anj in-'tensity of diarrhoea and the cost of the treatment varies accordingly.

(d) All medical institutions and Rural Healfti Centres are provided with safe drugs for the treatment of diarrhoeal diseases free of cost.

DR. H. P. SHARMA. Sir, the estimated number of infant mortality by diarrhoea is about 1. 5 million in tht country, but the debilitating aftereffects and their cost staggers. Because these diseases are due to the polluted water supply, the majority of this country's population suffers from diarrhoea, the majority of the nation suffers during the course of every year. Sir, since there is such a large market for these anti-diar. rhoeal drugs, my question is directed against the unscrupulous activities of major multinationals and the buckling down of the regulatory arm of the Government due to, what considera-

ions I would not know. Two major anti-diarrhoeal drugs, Mexaform and Enterovioform, have been banned from use all over the world. Our Government also banned them in 1982, but by a subsequent reversal of the previous notification they again allowed the use of them. My complaint is not directed at the multinationals as such they are commercial organiza- • tions and they function on a profit and loss basis. My complaint is against the Government. On what considerations did you ban these medicines on the first count, and why did you reverse it again a year later?

SHKI P. V. NARASIMHA RAO: Sir, I understand it is -not in the market now. It has been withdrawn by the manufacturers themselves.

MIR. CHAIRMAN: He says it has been permitted again.

SHRI P. V. NARASIMHA RAO: No, Sir. It is not in the market. There Is no question of permitting it.

SHRI JASWANT SINGH; No, Mr. Minister.

MR. CHAIRMAN: I will give you a chance.

SHRI P. V. NARASIMHA RAO: Sir, I have made inquiries only yesterday. I understand that this has been withdrawn. If there is any discrepancy in this, I can certainly check,

DR. H. P. SHARMA; Once again, my first question is, if the original drug has been withdrawn, the derivatives are there. They are there in the formulation shape. So, you can not say that you have withdrawn the drug as such.

I still do not have the answer about the long arm of the multinationals, how they managed to get thig reversal.

Sir, mv second question deals with this. While these two drugs have been withdrawn, a combination of drugs is still being used. I have the World Health Organisation's directive issued as early as 1976. Under the headlines 'Medicines which should not be used in the treatment of diarrhoea'* it lists pectin, lomotil, combina'ion of neomycin, streptomycin. These are the very drugs whose combinations are-listed in the statement laid down by you. So, the second part of my question is that even when all the world' health organisations are against it, Why do you keep, on permitting the use of these drugs in the form of formulations? If a drug i_s harmful when used singly, how does it become use^ ful when given with other drugs?

SHRI P. V. NARASIMHA RAO: Sir, I would like to correct the hon. Member's information. About these-combination drugs, it is very clear that only in the case of very severe forms of diarrhoea which cannot be treated otherwise, cannot be prevented otherwise, these drugs are used.

The other point which needs to be considered is that out of so many countries a few have banned'this; others-have not;

About our own authorities, authorities who look into the efficacy of $drug_s$ or desirability of keeping them in the market or not keeping thern, in the market, we have a machinery. We go by the verdict Of that machinery, by the recommendation of that machinery. That machinery has no^1 recommended banning of this drug. We are constantly on the watch. If there is anything to show that what has been found in some other country like Japan is found here also, some deleterious effect of this drug, we shall certainly take action at the ear- ^ liest. At *Vae* moment that does not appears to be the case.

DR. H. P. SHARMA; Sir, my question was...

MR. CHAIRMAN: Please sit down. No, no..

SHRI RAJNI RANJAN SAHU: Sir, the formulation mentioned in the statement laid on the table is indicative that these drugs are quite dangerous and harmful. How does it become a safer combination with other drugs? I would like to know from the hon. Minister whether there is any monitoring system about adverse reaction of drugs in our country. Then, whaf are the reasons why we did not take action on the basis of the reports of other countries?

SHRI P. V. NARASIMHA RAO: Sir, I have already said that' we have a system of our own for screening, for examination, for recommendation. We have a system under the Drug Cont rol Act. Now that system is working perfectly, and I do not see any justification in working to other countries.

SHRI M. KADHARSHA: Sir, if the hon. Minister wants, I can give the gazette notification number by which the Government withdrew the medicine. It is D. O. No. X11014/1/83 DMSQPFA, dated the 23rd July, 1983 By that gazette notification, clioquinol was withdrawn. So, I would like to know why the withdrawal was rever, sed.

Secondly, Sir, not only does cliqui-nol damage the nervous system but the other medicine, Maxaform, also damages the brain and also blinds those who take the medicines. In India 1. 5 million children die of diarrhoea every year, and multinationals are flourishing by selling these medicines.

Then, Sir, I would like to corret that it was not only that this medicine, Maxaform, was withdrawn in foreign countries, but even compensation was paid for the loss of life and for creating crippling blindness. So, I would like to know from the hon. Minister whether in India where there is no monitoring system about adverse reaction of drugs, the Government will have any effective monitoring system about the adverse affect of the medicines.

SHRI P. V. NARASIMHA RAO: I have already answered this question. About the veracity of the report that it was first banned and then re. introduced, I could not find out because right now it is just not therein the market. They themselves have withdrawn it. Now, as to the point of fact, if it is asked whether it was so, I shall certainly find out and tell the hon. member.

DR. H. P. SHARMA: Then why has the Government issued a notification?

MR. CHAIRMAN: The point is whether the Government is aware that compensation has been paid in other countries for the deleterious effect of this medicine.

SHRI P. V. NARASIMHA RAO: I, t has been withdrawn. It is not in the market now. So, if, as a point of information something is needed, I am prepared to give that to the hon. Member.

SHRI JASWANT SINGH: I am afraid I am still not clear as to where the Ministry or the Government stands on this issue. We are asking about two brand names—Mexaform and Bn-trovioform. The hon. Member, Dr. H. P. Sharma, asked a simple question—why was it withdrawn? The hon. Minister says he is not even aware that they were withdrawn. Yet simultaneously he asserts that it stands withdrawn.

SHRI P. V. NARASIMHA RAO: I will give you another bit of infor mation.

MR. CHAIRMAN; You finish ths question please.

SHRI JASWANT SINGH: The purpose of the Question Hour is to elicit information.

MR. CHAIRMAN: That is why 1 said.

SHRI JASWANT SINGH: The Minister is kind to suggest that he is going to give me another bit of information. The only request I would make is that instead of giving me a bit of information if he gave a complete Information, we could shift to the next question.

MR. CHAIRMAN; Please complete your question.

SHRI JASWANT SINGH; The hon. Minister also said in clarifying or in confusing the matte$_r$ that in extreme cases we have no difficulty in letting this medicine continue on the market because there is no alternative availa-ble. Then he went to the extent of saying that what applies elsewhere does not apply to the human-beings of India. Now. Now, this is a strange assertion to make, Sir.

MR. CHAIRMAN: You are distorting the answer of the Minister. I will not allow it.

SHRI JASWANT SINGH: You might not, Sir, and you might rule it out, but that is the assumption that w$_e$ are left with. Therefore I repeat my question: Were these drugs with-drawn by a Governmental order earlier? If they were withdrawn, why was that withdrawn order, instruction etc. issued?

Secondly, are you aware of the fact that by changing the brand name Entrovioform or Mexaform is being sold in the market? If one is deleterious to human-beings in one brand name, it does not necessarily become beneficial because it changes the brand name.

SHRI P. V. NARASIMHA RAO: I have another information. If Uie notification referred to by Mir. Kadhar-sha is read a little more carefully, it would be found that combination of drugs is banned except for diarrhoea. Diarrhoea seems to be the subject oi this question. So, the banning was done except for diarrhoea, because it was found that in this country it was working well. Our experts said we need not ban it. Banning may be done for other purposes or for use in other diseases, not in diarrhoea. So that clinches'the issue. But they have withdrawn it later themselves.

MR. CHAIRMAN; Mr. Jaswant Singh's question is that people change the brand name of some of the drugs which are banned and they they sell it. What are you going to do about it?

SHRI P. V. NARASIMHA RAO: The recommendation of our expert committee is that these combinations are going to be necessary in certain -severe cases. That is what I have submitted earlier.

PROF. (MRS.) ASIMA CHATTER-JEE; Mr. Chairman, Sir, may I have an information from the hon. Minister on this point? A particular drug may be toxic, but its derivatives may be non-toxic or less toxic. In such a case will it be unwise not to use those drugs? This happens very often in foreign countries. So, I don't think why such drugs may be used So, why it is not possible to use these derivative of the drugs?

SHRI P. V. NARASIMHA RAO: All these matters are taken into ec-count by the expert body which looks into the things. We take their recommendations and go by it normally.

SHRI SUKOMAL SEN: Sir, what appears from the Minister's reply and the questions put to him is that when the Government bans one medicine in our country, the manufacturer what they do, they put the medicine in the market in another brand name.

MR. CHAIRMAN: Mr. Jaswant Singh also...

SHRI SUKOMAL SEN: My question is coming n that way. Now. what is the remedy?

MR. CHAIRMAN; Th$_e$ question has already been put and the answer has been given.

SHRI SUKOMAL SEN:. My question is instead of brand name whether he will consider the question of...

MR. CHAIRMAN: Nothing will go on record.

SHRI SUKOMAL SEN; Why you are not allowing me?

MR. CHAIRMAN: Because your question is same.

SHRI SUKOMAL SEN: My question is: whether the Government will consider introducing...

MR. CHAIRMAN: Please hear me-Both the question and answer have already been given. Next Question.

•283. *[The questioner (JShri Pro. mod Mahajan) was* absent. *For answer, vide col.* 33-34 infra].

•284. *[The questioner (Shri Kama*-Jtendu *Bhattacharjee) was* absent *For answer,* ride *col.* 34 infra].

•285. *[The questioner (Shri K.* Va-*sudeva Panickiar) was absent. For answ&r, vide col.* 34-35 infra],

•286. *[The questioner (Shri jag-dambi Prasad Yadav) was absent. For answer, vide col.* 35 infra],

•287. *[The questioner (Shri Ajit P> K. Jogi) was absent. For answer,* wide col. 37-38 *infra'],*

•288. *[TUi questioners (Shri* R. T. *Gopalan and Shri M. Vincent) were absent. For answer. vide col.* 37-38 infra].

MR. CHAIRMAN; Next Question.

SHRIMATI KRISHNA KAUL: Yes, Sir.

MR. CHAIRMAN; A super star in the darkness.

Programme fo$_r$ eradication of blindness in the country

♦289'. SHRIMATI KRISHNA KAUL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a)whether it is a fact that there are around nine milion blind people in the country, and in addition thereto, there are °^{ver} three million patients who cannot see properly even upto a distance of three metres; and

(b) if so, what steps have been and are being taken by Government to check blindness in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMAR1 SAROJ KHAPARDE): (a) There are estimated 9 million blind in the country as per Indian Council ol Medical Research survey. This in cludes 3 million people also who could not count fingers at three metres.

(b) A National Programme for Control of Blindness has been launched since 1976-77. The startegy involves creation of infrastructure facilities for eye care at primay, seconday and Tertiary levels camp approach for out-reach areas and health education. Vitamin Ae prophylaxis Programme is being continued by MCH net work of Department of Family Welfare for prevention of blindness due to malnutrition in young children.

SHRIMATI KRISHNA KAUL: Sir, may I know from the hon. Minister whether any indepth study has been conducted to find out the reasons for such large scale bliridnesg and blindness in our country? What step; Government have taken for better eye treatment specially in view of the large cases of quackes giving eye treatment and performing eye operations that very often lead people to Irrevocable loss of their eye sight altogether? Whether any strong and punitive measures...